

NIH Transition Plan:

Addressing the Workforce Impact of Restructuring

PURPOSE. The NIH is facing an unprecedented challenge as a result of several high visibility restructuring initiatives included in the President's Management Agenda and the One-HHS goals. These initiatives have the potential to affect a substantial number of NIH staff members and the programs they support. Therefore, this transition plan addresses how NIH will effectively manage and minimize the impact of these changes on the overall NIH workforce and mission.

BACKGROUND. The drivers for these initiatives come primarily from the President's Management Agenda and its implementation within DHHS. The Agenda includes strategic management of human capital, including delayering to focus greater resources in program areas, and consolidation and subsequent savings in administrative functions. The Agenda also addresses competitive sourcing. To achieve a "green light" on this item, an agency must conduct cost-comparisons between the current cost (performed by government employees) and costs if we were to outsource the agency's "commercial" positions. Toward this end, OMB has established the following time frames during which portions of the "commercial" positions in government must be subjected to cost-comparisons: 5 percent by the end of 2002; an additional 10 percent in 2003; and 10 percent in 2004. According to the FY 2002 inventory, there are about 9,300 positions designated as commercial at NIH.

Technology also promises to change the way that work is performed at the NIH. For example, the implementation of IMPAC II is beginning to have an effect on the number of grants management staff needed as some functions are automated. The upcoming gradual implementation of Electronic Research Administration (eRA) will probably also have an impact on the number and types of extramural staff required. The NIH Business and Research Support System (NBRSS) is likely to eliminate some functions, create new opportunities, move functions from ICs to central units, and require higher level analytical skills from some employees. The number of staff involved with grants administration and the functions that are under the NBRSS umbrella is substantial. While it is too early to predict the overall impact, we must plan for these changes.

OBJECTIVES. DHHS and NIH are committed to ensuring employees affected by restructuring will have a job. In many instances this will mean a job at NIH,

DHHS or the federal government. If a function is outsourced through A-76, employees may vie for non-management job vacancies with the contractor, making use of their Right of First Refusal of Employment in accordance with FAR 52.207-3. Alternatively, an employee may choose to leave voluntarily or to retire. In support of the NIH's commitment to this goal, the following underlying principles will govern the process:

Decisions made concerning the HR impact of restructuring will consider the needs of affected employees while addressing the potential organizational and mission impacts, including diversity.

As specific organizations or functions are identified for restructuring, NIH will institute controls on hiring pending the outcome of restructuring studies and decisions. This will leave the organization in the best possible situation to absorb the impacts of restructuring, including placement of affected employees.

NIH leaders and leaders of affected organizations will communicate with employees as early as possible whenever functions are identified as potentially being impacted. In consideration of the employee, once NIH guidance is disseminated the IC should inform individual employees early on in the process about the impact on their position so as to give them as much time to weigh their options and make appropriate plans. The broader NIH-wide effort to communicate these issues will serve as the corporate framework for timely and accurate communication of restructuring-related information.

The NIH is committed to providing assistance and supportive services to employees impacted by these initiatives. Whenever possible, NIH will attempt to increase employees' options by:

Facilitating placement of affected employees within the NIH, DHHS, other Federal agencies or outplacement to the private sector, to the extent possible.

Providing tools, resources and career assistance services to employees to aid their transition to other employment or career opportunities.

Making retraining services and funding available to employees who are affected in order to assist them in finding alternative employment.

Making broad use of the Voluntary Early Retirement Authority (VERA), where authorized, for positions identified as potentially affected by competitive

sourcing, administrative restructuring and consolidation efforts.

Making use of Voluntary Separation Incentive Payments (“buyouts”), where authorized, for those affected employees who choose to voluntarily separate by retirement or by resignation. Note: Authorization has been requested, but must be approved by DHHS and OPM.

COVERAGE. This plan applies to employees potentially impacted by administrative restructuring and/or competitive sourcing, with the exception of those in temporary or term appointments. Employees in positions identified for study under these initiatives will be eligible for VERA, where authorized by DHHS, as well as basic career assistance services. “Affected employees,” defined as those who lose their primary job duties as a result of these initiatives, will also be eligible for placement assistance and/or buyouts (if approved), in addition to intensive career assistance services and retraining opportunities as described in Sections 7 and 8.

HIRING CONTROLS. Once a functional area has been identified for study, a hiring freeze will be instituted for that area. Any efforts to recruit outside of NIH for affected positions will require an exemption from the hiring freeze. Requests for exemptions must include supporting justification, including documentation as to why other alternatives are not feasible. Managers are encouraged to consider other options for accomplishing the work, including temporary or term appointments, commercial contracts, professional services contracts, intra-agency service agreements, etc. Internal transfers are authorized, but will require the approval of both the losing and gaining organization.

INTERNAL PLACEMENT. NIH will make available to affected employees opportunities for placement into other positions through inplacement programs. In all instances, Merit Systems Principles shall apply. In-placement programs will include provisions for:

PRIORITY PLACEMENT. Special selection priority will be offered to affected employees who apply for agency vacancies and are qualified. The employee must have a current performance rating of at least fully successful or its equivalent. Hiring officials must give priority placement to affected employees who meet these requirements. Written justification is required whenever an affected employee is referred by the Office of Human Resources (OHR) for priority consideration but is not selected (for example, if it is discovered that the employee does not have the knowledge, skills and abilities to successfully perform the duties of the position). Priority need not be given for a position which would involve a promotion or which has greater promotion potential than

the employee's current position. OHR will administer the priority placement process.

REASSIGNMENTS. Employees may be reassigned by management to another position at the same grade. There must be a legitimate management need for the reassignment. Selections from among affected employees will be made based on suitability for the position, giving consideration to the employees' knowledge, skills, abilities and experience. Employees can be reassigned without regard to their relative reduction in force (RIF) retention standing, veterans' preference, length of service, or performance ratings.

MODIFY OR WAIVE QUALIFICATION REQUIREMENTS. The minimum experience requirements of the OPM Qualification Standard may be modified or waived to facilitate these in-placement options when the employee has the capacity, adaptability, and special skills needed to satisfactorily perform the duties and responsibilities of the position. The exception to the qualification standards must be applied consistently and equitably in filling a position throughout the agency. This authority should be used only when there is a reasonable likelihood that the employee will successfully make the transition to the new position, and cannot be used for directed reassignments to positions in which an employee would not be able to perform the work.

VOLUNTARY CHANGE TO LOWER GRADE. The NIH may offer saved grade and pay to employees accepting a voluntary change to lower grade under certain conditions, as authorized under 5 CFR 536. Managers should consult with OHR regarding applicable terms and conditions of saved grade and pay.

DETAILS. Details provide an employee additional work experience, on-the-job training, and exposure. Employees can be detailed to other positions within the NIH for a period of up to 120 days, renewable in 120-day increments. Employees can also be detailed to other organizations in the same or a different agency on a reimbursable basis, unless statutory authority specifically permits non-reimbursable details. Upon completion of the detail, employees will be returned to their position of record. **NOTE:** A detail of an employee to a higher-graded position may not extend beyond 120 days unless competitive procedures are used.

UNCLASSIFIED DUTIES. Affected employees who have not been detailed to or placed in another position will be temporarily detailed to unclassified duties pending reassignment. Details to unclassified duties will be in 120-day increments and may be renewed until such time as the employee is placed.

CAREER ASSISTANCE SERVICES. The NIH will establish a Transition Center to assist affected employees via a comprehensive career transition program. Basic services include those designed to help employees find and successfully

compete for jobs, including resume writing, job search guidance, group workshops/counseling, and referral to supportive services. Intensive services are designed to support the individual needs of employees when placement is less likely, including comprehensive career transition workshops; educational and/or career counseling; assessment of aptitudes, interests and/or educational development; job development; and outplacement services. In meeting the needs of employees, the Transition Center will also make use of existing services available through the Employee Assistance Program, Work-Life Center, etc.

RETRAINING ALLOWANCES. Nothing in this section is intended to restrict management's ability to train employees to prepare them to meet the demands of the organization under review. Once a decision is made to contract out or restructure a particular function; however, those employees who will be affected become eligible for retraining support. Support may include time during the work day to pursue training and/or financial resources to cover tuition and other associated costs of training. A central fund will be established for this purpose. NIH reserves the right to limit funding or use cost-sharing for training or education that is of long duration or high cost. Options for retraining include:

Training for Other Positions at NIH. The NIH will support training of affected employees for reassignment to other positions.

Training for Positions in Other Agencies. As authorized by section 5 U.S.C. 4103(b), the NIH will support training of affected employees to help place them in other agencies when it is determined that the training is in the Government's interest. The NIH will consider several factors in selecting an employee for training, including use of the employee's current skills, knowledge and abilities in the new position; the employee's capability to learn skills and acquire knowledge and abilities needed; and potential benefits to the Government resulting from training. Generally, training for external opportunities will be provided to affected employees after it is determined that internal placement efforts are unlikely to produce suitable placement options.

The staff of the Transition Center will be available to assist individual employees seeking career guidance and information on training options and to help develop individual training plans. In addition, the staff of the Training and Development Branch of OHR will be available to assist employees and managers who have questions about training opportunities or wish to develop training programs to help affected employees qualify for new positions.

PROVISIONS.

NOTIFICATION REQUIREMENTS: The applicable Executive Officer will notify IC employees when they are eligible to receive services provided for under this plan.

STATUS: Until placed, affected employees will continue to report to their Institute/Center and will be expected to perform tasks as directed by their supervisor. Performance plans and annual evaluations will be conducted in accordance with NIH Policy Manual Chapter 2300-430-1, NIH Performance Appraisal Program Plan.

HOURS OF WORK: Eligible employees may be given time during their daily tour of duty to use the Transition Center services or to conduct job searches.

Supervisory approval is to be obtained by employees prior to time spent during normal working hours. Hours spent in the Transition Center or in training outside of normal duty hours are not considered hours of work for pay/compensation purposes, unless specifically ordered and approved by the supervisor in advance, and the work performed is of direct benefit to the government.

USE OF THE NIH TRANSITION CENTER: All NIH employees may access the basic services of the NIH Transition Center. Affected employees will receive priority and/or additional services in support of inplacement and/or outplacement goals.

LIMITATIONS ON USE: Under normal circumstances, there is no restriction on the number of hours an affected employee may use the Transition Center. However, in the event of a significant shift in workload, the Transition Center reserves the right to limit usage in order to provide for fair and reasonable access to all employees.

RETRAINING SERVICE AGREEMENTS: When retraining is offered for positions within the NIH, the NIH may require employees to enter into continued service agreements as a condition of receiving training or education that is of long duration or high cost.

SUPPORT FOR EMPLOYEES WITH DISABILITIES: Reasonable accommodations will be provided in accordance with NIH Policy Manual Chapter 2204.

UNION AGREEMENTS: Where there are conflicts between the Transition Plan and any existing union agreements or those that are negotiated in conjunction with Impact and Implementation bargaining, that agreement supercedes this plan.

RESPONSIBILITIES AND AUTHORITIES.

Deputy Director for Management

Institute hiring controls as needed to minimize the impact of A-76 and restructuring initiatives.

Approve requests for exemptions from the hiring controls.

Approve any hiring decision that results in an exception to the priority placement guidelines when an affected employee is under consideration. Secure the resources needed (funding, staffing, etc.) to ensure successful implementation of the efforts outlined in this plan.

Director, Office of Human Resources

With OSMP, approve employee requests for early out under VERA.

Manage the priority placement process for affected employees.

Develop and regularly update an NIH-wide database of affected employees for use by managers to identify employees who are interested in details to short-term assignments.

Consult with managers about performance management and Employee Relations/Labor Relations issues.

Director, Office of Strategic Management Planning

With OHR, approve employee requests for early out under VERA.

Provide staff support to the NIH Restructuring Communications Coordinating Group (NRCCG) for NIH-wide communications efforts.

Manage the NIH Transition Center and associated programs and services.

Determine whether requests for retraining are in the Government's best interest, as provided for in section 8.b., and authorize such requests.

Evaluate the NIH Transition Plan and issue revisions, as necessary.

Chief, Training and Development Branch/OHR/DERT (until Oct. 1, 2003, when the training function falls under the DHHS Corporate University)

Provide training for managers on leading change and managing transitions.

Consult with managers and/or employees regarding available training options and develop training programs as needed.

Executive Officers

Ensure affected employees within the IC are notified of the benefits and services to which they may be entitled under this plan, using guidance issued by NIH leadership.

Ensure Selecting Officials give full consideration to affected employees who apply for vacancies under priority placement provisions of section 6.a.

Ensure Selecting Officials give full consideration to reassignments as a means of placing affected employees.

Monitor application of the Transition Plan within the IC to ensure consistency and equity, and to address needs for workforce diversity as placements and reassignments are made.

Managers

As Selecting Officials, give full consideration to affected employees who apply for vacancies under priority placement provisions of section 6.a.

Give full consideration to reassignments as a means of placing affected

employees.

With the assistance of the Transition Center, help employees determine (a) skills/competencies and developmental needs and (b) needed training to enhance placement potential.

Supervisors of Affected Employees

Provide work to affected employees as appropriate given the organization's needs and the employees' skills and abilities.

Monitor time and attendance, including authorizing the use of official time for affected employees to participate in training and/or supportive services.

Encourage employee participation in training programs designed to assist affected employees while assuring that the immediate organization's work goals and objectives are achieved.

Employees

Make use of available career assistance services. See Attachment A.

Maintain an up-to-date and accurate resume that clearly outlines current skills, abilities and significant job accomplishments. This document will enhance the affected employee's opportunity for successful placement and aid NIH's transition efforts.

Keep abreast of internal placement opportunities through CareerHere at <http://careerhere.nih.gov>. Note: affected employees must apply for NIH vacancies in order to be considered for priority placement.

Consider external placement options through USAJobs, located at <http://www.usajobs.opm.gov> (Federal Government job listing).

Perform at the fully successful level and achieve defined organizational work goals and objectives.

Questions regarding this document should be referred to Shirley Labella of the Office of Strategic Management Planning at (301) 496-3090.

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Career Assistance Services/Retraining



